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Angela Wendel
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Applicant: **Fitzhugh, et**
Serial No.: **09/865,242**
Filed: **05/25/01**
Title: **Nitric Oxide
Releasing Metallic
Medical Devices**
Group Art Unit: **1614**
Atty Docket No.: **17363-38**

PATENT

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REQUEST FOR FILING RECEIPT CORRECTION

Commissioner for Patents
Washington, D.C. 20231

Sir:

Please correct the filing receipt (copy enclosed) related to the above referenced patent application.

The Attorney Docket No. is incorrect. The correct Attorney Docket No. is:
17363-38

It is believed that there is no fee due for filing this request.

The Commissioner is hereby authorized to charge any filing fee that may be due to Deposit Account 16-2230

Respectfully submitted,

Louis C. Cullman
Registration No. 39,645

Dated: October 15, 2001

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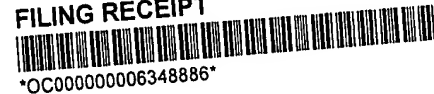
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/865,242	05/25/2001	1615	790	17363-19 17363-38	3	14	4

CONFIRMATION NO. 3958

FILING RECEIPT



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OPPENHEIMER WOLFF & DONNELLY LLP
38th Floor
2029 Century Park East
Los Angeles, CA 90067

Date Mailed: 07/26/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/567,579 05/10/2000 PAT 6,270,779

Foreign Applications

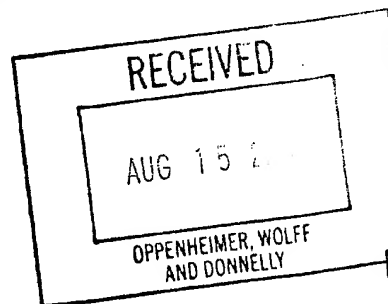
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Projected Publication Date: 11/15/2001

Non-Publication Request: No

Early Publication Request: No

Title



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OWD

Nitric oxide-releasing metallic medical devices

Preliminary Class
424

Data entry by : LEMESSA, HANNA

Team : OIPE

Date: 07/26/2001





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Bib Data Sheet

CONFIRMATION NO. 3458

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SERIAL NUMBER 09/865,242	FILING DATE 05/25/2001 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 17363-38						
APPLICANTS Anthony L. Fitzhugh, Frederick, MD; Peiwen Cheng, Santa Rosa, CA; Joseph Saavedra, Thurmont, MD; Robert Cafferata, Belmont, MA; Marc Hendriks, Brunssum, NETHERLANDS; Larry K. Keefer, Bethesda, MD; Eugene Tedeschi, Santa Rosa, CA; Michel I.P.M. Verhoeven, Maastricht, NETHERLANDS;										
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/567,579 05/10/2000 PAT 6,270,779										
** FOREIGN APPLICATIONS ***** None										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/26/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Wahara</i> Initials: <i>BT</i>	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4						
ADDRESS OPPENHEIMER WOLFF & DONNELLY LLP 38th Floor 2029 Century Park East Los Angeles, CA 90067										
TITLE Nitric oxide-releasing metallic medical devices										
FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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